

**CHUBB®**

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Pacific Workers'

**Date:** 11/4/2019

**Delivery Method:**

**Name:** Babak Jamasbi, MD  
**Address:** 1335 Stanford Ave., Emeryville, CA 94608  
**Attention:**

**Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF  
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED  
TREATMENT**

**Provider:** Babak Jamasbi, MD  
**Claimant:** Jonathan Shockley  
**ClaimNumber:** 040519008736  
**Date of Loss:** 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 10/29/2019
- (C) Proposed medical treatment for which authorization was requested: Acupuncture x 12 for Bilateral Shoulders, Bilateral elbows, Bilateral wrists, Massage therapy x 6 for Bilateral Shoulders, Bilateral elbows, Bilateral wrists

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Bilateral Shoulders, Bilateral elbows, Bilateral wrists. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

**TO THE INJURED WORKER:**

***“You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me.”***

***And,***

***“For information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”***

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist

Phone: (213) 612-0880

Copies: Jonathan Shockley  
Co Farber &



**ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On November 4, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Executed on November 4, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 Shockley



**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On November 4, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Executed on November 4, 2019 at Milwaukie, OR 97222.

I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.



*Becca Guimont*

Signature

File: 040519008736, Shockley Jonathan